STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION DIVISION OF ENTERPRISE OPERATIONS BUREAU OF PROCUREMENT S. 16.765, WIS. STATS. DOA:3477 (R02/15)

Bid / Proposal # ETG0003

DOA-3477 (R02/15)				Commodity	Commodity / Service		
				Vendor Information			
1.	BIDDING / PROPOSING COMPANY NAME						
	Phone	()	Toll Free Pho	one <u>(</u>)		
	FAX	()	E-Mail Addre	ess		
	Address	s _					
				State			
2.	Name the person to contact for questions concerning this bid / proposal.						
	Name			Title			
				Toll Free Pho			
	FAX	()	E-Mail Addre	ess		
	Address						
	City			State			
3.	Any vendor awarded over \$50,000 on this contract must submit affirmative action information to the department. Please name the Personnel / Human Resource and Development or other person responsible for affirmative action in the company to contact about this plan.						
	Name			Title			
	Phone)	Toll Free Pho	one <u>(</u>)		
	FAX	()	E-Mail Addre	ess		
	Address	s _					
	City			State	Zip + 4		
4.	Mailing address to which state purchase orders are mailed and person the department may contact concerning orders and billings.						
	Name			Title			
	Phone	()	Toll Free Pho	one ()		
	FAX	()	E-Mail Addre	ess		
	Address	s _					
				State			
5.	CEO / F	Presi	ident N	lame			

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